SPECIALTY NURSING SERVICES INC
3077 WEST 1975 NORTH
PHONE NUMBER: (801) 732-2178 TYPE ACTION: RECERTIFICATION TYPE FACILITY: OFFICIAL HEALTH AGENCY TYPE FACILITY: OFFICE....
TYPE OWNERSHIP: PROPRIETARY PARTICIPATION DATE: 02/18/1997

OGDEN UT 84404 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CERTIFIED HOSPICE PROVIDER NO: NONE

NUMBER OF SUBUNITS: NONE PARENT AGENCY PROVIDER NO: NONE

NUMBER OF BRANCHES: NONE

STAFFING SERVICES OFFERED NURSING LICENSED PRACTICAL NURSE 1.00
HYSICAL THERAPY
COUPATIONAL TOTAL OCCUPATIONAL THERAPY PHYSICAL THERAPY .00 .00 SPEECH THERAPY MEDICAL SOCIAL WORKER

HOME HEALTH AIDE INTERN/RESIDENT NUTRITIONAL GUIDANCE PHARMACEUTICAL SERVICES

PHARMACEUTICAL SERVICES
APPLIANCE & EQUIPMENT SERVICE

VOCATIONAL GUIDANCE LABORATORY SERVICES

OTHER 0.0

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE TRAINING/COMPETENC

NUMBER RECORDS REVIEWED WITH HOME VISITS: 3 NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 8 NUMBER OF HOME VISITS WITH NO RECORD REVIEW:

TOTAL RECORDS REVIEWED: 11

TOTAL HOME VISITS: 3

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 02/08/2000 PROGRAM REQUIREMENTS

.20

.00

.00

DATE PROVIDER SIGNED POC:

REVISIT DATES:

NOT MEETING REQUIREMENT PLAN/DATE STATUS OF OF CORRECTION DEFICIENCY STATE REGION NATION
% # % # % REQUIREMENT LEVEL OF TAG REQT # %

AND PERCENT OF FACILITIES

**** NO DEFICIENCIES FOUND ON CURRENT SURVEY ****

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

DATE PROVIDER SIGNED POC: REVISIT DATES:

AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT STATUS OF DEFICIENCY LEVEL OF TAG REQT # REQUIREMENT PLAN/DATE STATE REGION NATION DEFICIENCY

OF CORRECTION

%

%

TYPE OF DEFICIENCY	TOTAL THIS	AVERAGE NUMBER OF	DEFICIENCE REGION	CIES PER FACILITY NATION
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	0	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	0	1.07	1.72	03.42

STATUS OF DEFICIENT COPS CURRENT SURVEY

DEFICIENCY NOT DEFICIENCY CORRECTED REPEAT COP
CORRECTED AFTER APPROVAL DEFICIENCY 0 COP